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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).)</i>		Docket Number (Optional) IFM-001CPCN5
Application Number 10/686,496-Conf. #3644		Filed October 14, 2003
For FUNCTION	USE OF DEPRENYL COMPOUNDS TO MAINTAIN, PREVENT LOSS, OR RECOVER NERVE CELL	
Art Unit 1612	Examiner	Z. A. Fay

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 555.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record. Registration Number 81,402
 attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

Meaghan Richmond
Signature

November 25, 2008

Date

Meaghan L. Richmond, Ph.D.

(817) 994-0857

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

11/25/2008 HMARZI1 000000ic 120080 Total of 1 forms are submitted.

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-6300 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460, on the date shown below.

Dated: November 25, 2008

Signature: Meaghan Richmond (Meaghan L. Richmond, Ph.D.)